

Administration for Children & Families (ACF)
Office of Planning, Research & Evaluation (OPRE)
National Welfare Reform Evaluation Conference- May 28-30, 2003
or you can register online at
www.acf.hhs.gov/programs/opre/conference/index.html

REGISTRATION FORM

1. Participant Information (please type or print clearly)

Last Name: _____

First Name: _____

MI: _____ ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Job Title: _____

Dept: _____

Company/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Number: _____

Fax Number: _____

Email: _____

Please indicate any special needs related to physical disabilities, or other limitations:

2. Hotel and Travel Information

Hotel:

Complete this section and BETAH will make your hotel arrangements.

Arrival Date: _____ Time: _____

Departure Date: _____ Time: _____

☐ I **will not** use the conference hotel and am authorized to receive reimbursement by:

_____ (Name) _____ (Phone #)

Transportation:

☐ Traveling by personal automobile

Please contact Tracey Bonner at BETAH Associates, Inc., 301-657-4254 ext. 615 to assist in your travel arrangements.

Conference Registration:

☐ Single Day _____ ☐ Full Conference
Day

**PLEASE COMPLETE AND FAX YOUR REGISTRATION FORM AND SPEAKER
AV REQUEST FORM TO BETAH ASSOCIATES, INC.
CONFERENCE SERVICES AT 301-657-4259 BY April 28, 2003.**

OPR2-001 - Speaker